

Stakeholder Update

Assembly Bill 97 (AB 97) Ten Percent Pharmacy Payment Reductions and State Plan Amendment (SPA) 12-014

October 24, 2014

As stated on the Department of Healthcare Services (DHCS) Pharmacy Benefits Division's [AB 97 webpage](#), pharmacy drug exemption applications postmarked on or before March 31, 2014 will be given exemption consideration retroactive to June 01, 2011. Applications postmarked after March 31, 2014 will be given consideration for exemption effective the first day of the calendar quarter in which they were received.

This stakeholder update is to notify providers that AB 97 pharmacy drug exemption applications postmarked and received between April 1, 2014 and June 30, 2014 have been reviewed. The drugs that meet exemption criteria have been added to the **List of AB 97 Exempted Drugs**. These drugs, identified in Table 1 below, will automatically be exempted from the mandatory payment reduction prospectively beginning November 08, 2014. Therefore, for the period beginning April 1, 2014 through November 7, 2014, claims for the additions in Table 1 may have been reduced by ten percent. For these affected claims DHCS will be conducting an error payment correction in the coming months.

Table 1. Additions to the List of AB 97 Exempted Drugs (Effective 04/01/14)

ALOGLIPTIN BENZ/PIOGLITZONE 12.5-15 MG TABLET ORAL
APREPITANT 125MG-80MG CAPSULE, DOSE PACK ORAL
BACLOFEN 10 MG TABLET ORAL
BUDESONIDE 9 MG TABLET, DELAYED & EXTENDED RELEASE ORAL
ENOXAPARIN SODIUM 300MG/3ML VIAL (ML) SUBCUTANEOUS
ESTRADIOL 0.05MG/24H PATCH, TRANSDERMAL WEEKLY TRANSDERMAL
FILGRASTIM 480MCG/1.6 VIAL (ML) INJECTION
FLUTICASONE/VILANTEROL 100-25MCG BLISTER, WITH INHALATION DEVICE INHALATION
GRANISETRON HCL 1 MG TABLET ORAL
IMMUNE GLOB,GAM CAPRYLATE(IGG) 1 G/10 ML VIAL (ML) INJECTION

IMMUNE GLOB,GAM CAPRYLATE(IGG) 10 G/100ML VIAL (ML) INJECTION
IMMUNE GLOB,GAM CAPRYLATE(IGG) 2.5G/25ML VIAL (ML) INJECTION
IMMUNE GLOB,GAM CAPRYLATE(IGG) 5 G/50 ML VIAL (ML) INJECTION
IMMUNE GLOBULIN,GAMMA(IGG) 1 G/5 ML VIAL (ML) SUBCUTANEOUS
IMMUNE GLOBULIN,GAMMA(IGG) 10 % VIAL (ML) INTRAVENOUS
IMMUNE GLOBULIN,GAMMA(IGG) 2 G/10 ML VIAL (ML) SUBCUTANEOUS
IMMUNE GLOBULIN,GAMMA(IGG) 4 G/20 ML VIAL (ML) SUBCUTANEOUS
IMMUNE GLOBULIN,GAMMA(IGG) 5 % VIAL (ML) INTRAVENOUS
IMMUNE GLOBULIN,GAMMA(IGG) 5 G VIAL (EA) INTRAVENOUS
IMMUNE GLOBULIN,GAMMA(IGG) 6G VIAL (EA) INTRAVENOUS
LIDOCAINE/TETRACAINE 70 MG-70MG ADHESIVE PATCH, MEDICATED SELF-HEATING TOPICAL
LINEZOLID 600MG/300 INTRAVENOUS SOLUTION INTRAVENOUS
LIPASE/PROTEASE/AMYLASE 20.9-78.3K TABLET ORAL
LULICONAZOLE 1 % CREAM (GRAM) TOPICAL
MEPERIDINE HCL/PF 100 MG/ML SYRINGE (ML) INJECTION
NAPROXEN 125 MG/5ML SUSPENSION, ORAL (FINAL DOSE FORM) ORAL
NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 TABLET ORAL
OSPEMIFENE 60 MG TABLET ORAL
PREDNISONE 5 MG/ML CONCENTRATE, ORAL
PYRIDOXINE HCL 100 MG/ML VIAL (ML) INJECTION
TESTOSTERONE 20.25/1.25 GEL IN METERED-DOSE PUMP TRANSDERMAL

DHCS will continue to accept and review pharmacy drug exemption applications as they are received. To contact Pharmacy Benefits Division with questions about AB 97 pharmacy payment reductions and exemptions, please send an email to:

AB97pharmacy@dhcs.ca.gov.